

PROGRAM REGISTRATION FORM

Registration forms can be DROPPED OFF at the Komoka Wellness Centre
or EMAILED to bookafacility@middlesexcentre.ca.

You can also register in-person at the Komoka Wellness Centre during Registration Hours (see over).

ADULT/PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____
 Address: _____ P.O Box #: _____
 City: _____ Postal Code: _____
 Home Phone Number: () _____ Cell Number: () _____
 Business Number: () _____ Email Address: _____
 Emergency Contact: _____ Emergency Number: _____

Participant #1
 Full Name: _____ Birth Date (DD/MM/YYYY): _____

PROGRAM	CODE	LOCATION	DAY	TIME	FEE
FEE TOTAL					

Yes	No	
		Does participant have any medical conditions, allergies or special needs? If yes, please list and specify: _____
		Does participant carry an epi-pen or medication?
		I hereby grant permission to the Municipality of Middlesex Centre to include participants likeness (i.e., photographs, videos, etc) in displays or media promoting recreational programs.
		Is there a parental custody agreement that we need to be aware of?

Participant #2
 Full Name: _____ Birth Date (DD/MM/YYYY): _____

PROGRAM	CODE	LOCATION	DAY	TIME	FEE
FEE TOTAL					

Yes	No	
		Does participant have any medical conditions, allergies or special needs? If yes, please list and specify: _____
		Does participant carry an epi-pen or medication?
		I hereby grant permission to the Municipality of Middlesex Centre to include participants likeness (i.e., photographs, videos, etc) in displays or media promoting recreational programs.
		Is there a parental custody agreement that we need to be aware of?

Participant #3
Full Name: _____ Birth Date (DD/MM/YYYY): _____

PROGRAM	CODE	LOCATION	DAY	TIME	FEE
FEE TOTAL					

Yes	No	
		Does participant have any medical conditions, allergies or special needs? If yes, please list and specify: _____ _____
		Does participant carry an epi-pen or medication?
		I hereby grant permission to the Municipality of Middlesex Centre to include participants likeness (i.e., photographs, videos, etc) in displays or media promoting recreational programs.
		Is there a parental custody agreement that we need to be aware of?

TERMS AND CONDITIONS

This waiver must be signed in order for this registration application to be processed.

I acknowledge that the personal information on this form is collected under the authority of the *Municipal Act, 2001, S.O. 2001 c.M. 25*. On behalf of myself and all participants listed above, I give permission to the Middlesex Centre Community Services Department or its representatives and volunteers to administer the municipality's recreation programs, including but not limited to processing this registration form, collecting fees, assigning participants to various programs and recording any medical information (if required). On behalf of myself and all participants listed above, I give permission to the municipality to arrange for emergency medical care including but not limited to hospitalization and/or transportation to a local doctor or hospital for medical treatment if necessary, and I consent on behalf of myself and the participants listed below, to the administration of such medical treatment, at my own expense. I release, discharge, indemnify and hold harmless the Municipality of Middlesex Centre from and against all claims or proceedings in respect of any costs, losses, damage or injury, whether to property or personal injury resulting from or arising in connection with my participation, or the participation by those persons listed above, in any activity contemplated by this Registration. I hereby further agree that the municipality, its staff, volunteers and other participants, shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses respecting any act done in good faith, including but not limited to personal injury, death, property damage or loss resulting from or in connection with participation in any activity contemplated by this Registration, whether or not such injury, damage or loss occurred as a result of any negligence, negligent misrepresentation or breach of statutory duty and/or breach of contract on the part of the municipality its staff, volunteers and other participants. By registering in a program I agree to medical attention and accept inherent risks associated with the program.

Signature: _____ Date: _____

PAYMENT INFORMATION

Payment is due at time of registration. To pay for your program(s), please visit or call the Komoka Wellness Centre (519-601-8022 ext. 5110). Cash, debit and credit cards are accepted.

REGISTRATION HOURS:

- Monday to Thursday: 8:30 am – 7:00 pm
- Friday: 8:30 am – 5:30 pm
- Saturday and Sunday: 10:00 am – 2:00 pm

The Komoka Wellness Centre is closed for holidays on August 1, September 5 and October 10.

REFUNDS & CANCELLATIONS

If the program is cancelled by the Municipality, you will be eligible for a full refund or credit. Cancellations by program participants are treated as follows. Complete information on cancellations is available on the municipal website.

Cancellation Date	Refund/Credit
14 days prior to start date	100% Refund or Credit
Under 14 days prior to start date	100% Credit
After first class up until third class	Prorated Credit less \$10 Admin Fee
Medical circumstances where a doctor's note is provided	100% refund

*No daily refunds will be granted for missed classes